

<b>EPA</b> United States Environmental Protection Agency Washington, DC 20460 <b>Work Assignment</b>						Work Assignment Number 5-01				
						<input type="checkbox"/> Other <input type="checkbox"/> Amendment Number:				
Contract Number EP-C-09-008			Contract Period   02/14/2009   To   06/15/2014 Base                      Option Period Number       5			Title of Work Assignment/SF Site Name Program Implementation				
Contractor EASTERN RESEARCH GROUP, INC.					Specify Section and paragraph of Contract SOW 3.2					
Purpose: <input checked="" type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval						Period of Performance  From   02/14/2014   To   06/15/2014				
Comments: Work Assignment 5-01 is approved but no costs are to be incurred until 2/14/2014 (the start of the new Period of Performance) .										
<input type="checkbox"/> Superfund                      Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations data use EPA Form 1900-69A.										
SFO <input type="checkbox"/> (Max 2)										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:				LOE: 0				
02/14/2009 To 06/15/2014										
This Action:						3,548				
Total:						3,548				
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:				Cost/Fee:		LOE:				
Cumulative Approved:				Cost/Fee:		LOE:				
Work Assignment Manager Name   Tara OHare  <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>						Branch/Mail Code: Phone Number   202-564-8836 FAX Number:				
Project Officer Name   Robin Danesi  <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>						Branch/Mail Code: Phone Number: 202-564-1846 FAX Number:				
Other Agency Official Name  <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>						Branch/Mail Code: Phone Number: FAX Number:				
Contracting Official Name   Robert A. Knecht  <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>						Branch/Mail Code: Phone Number: 513-487-2043 FAX Number:				

<b>EPA</b> United States Environmental Protection Agency Washington, DC 20460 <b>Work Assignment</b>						Work Assignment Number 5-01				
						<input type="checkbox"/> Other <input checked="" type="checkbox"/> Amendment Number: 000001				
Contract Number EP-C-09-008			Contract Period 02/14/2009 To 08/13/2014			Title of Work Assignment/SF Site Name				
			Base                      Option Period Number      5			Program Support				
Contractor EASTERN RESEARCH GROUP, INC.					Specify Section and paragraph of Contract SOW					
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input checked="" type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval					Period of Performance  From 02/14/2014 To 08/13/2014					
Comments: The purpose of this amendment is to extend the POP end date to 8/13/14 and amend tasks.										
<input type="checkbox"/> Superfund                      Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations date use EPA Form 1900-69A.										
SFO (Max 2) <input type="checkbox"/>										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:		LOE: 3,548						
02/14/2009 To 08/13/2014										
This Action:				852						
Total:				4,400						
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:				Cost/Fee:			LOE:			
Cumulative Approved:				Cost/Fee:			LOE:			
Work Assignment Manager Name Tara OHare							Branch/Mail Code:			
							Phone Number 202-564-8836			
_____ (Signature)                      (Date)							FAX Number:			
Project Officer Name Robin Danesi							Branch/Mail Code:			
							Phone Number: 202-564-1846			
_____ (Signature)                      (Date)							FAX Number:			
Other Agency Official Name							Branch/Mail Code:			
							Phone Number:			
_____ (Signature)                      (Date)							FAX Number:			
Contracting Official Name Robert A. Knecht							Branch/Mail Code:			
							Phone Number: 513-487-2043			
_____ (Signature)                      (Date)							FAX Number:			

<b>EPA</b> United States Environmental Protection Agency Washington, DC 20460 <b>Work Assignment</b>						Work Assignment Number 5-04				
						<input type="checkbox"/> Other <input checked="" type="checkbox"/> Amendment Number: 000001				
Contract Number EP-C-09-008			Contract Period 02/14/2009 To 08/13/2014			Title of Work Assignment/SF Site Name				
			Base                      Option Period Number      5			Web Support				
Contractor EASTERN RESEARCH GROUP, INC.					Specify Section and paragraph of Contract SOW					
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input checked="" type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval					Period of Performance  From 02/14/2014 To 08/13/2014					
Comments: The purpose of this amendment is to extend the POP end date to 8/13/14 and add additional hours.										
<input type="checkbox"/> Superfund                      Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations data use EPA Form 1900-69A.										
SFO (Max 2) <input type="checkbox"/>										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:				LOE: 350				
02/14/2009 To 08/13/2014										
This Action:						510				
Total:						860				
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:				Cost/Fee:		LOE:				
Cumulative Approved:				Cost/Fee:		LOE:				
Work Assignment Manager Name Robin Danesi						Branch/Mail Code:				
_____ (Signature)                      (Date)						Phone Number 202-564-1846				
						FAX Number:				
Project Officer Name Robin Danesi						Branch/Mail Code:				
_____ (Signature)                      (Date)						Phone Number: 202-564-1846				
						FAX Number:				
Other Agency Official Name						Branch/Mail Code:				
_____ (Signature)                      (Date)						Phone Number:				
						FAX Number:				
Contracting Official Name Robert A. Knecht						Branch/Mail Code:				
_____ (Signature)                      (Date)						Phone Number: 513-487-2043				
						FAX Number:				

<b>EPA</b> United States Environmental Protection Agency Washington, DC 20460 <b>Work Assignment</b>						Work Assignment Number 5-05				
						<input type="checkbox"/> Other <input checked="" type="checkbox"/> Amendment Number: 000001				
Contract Number EP-C-09-008			Contract Period 02/14/2009 To 08/13/2014			Title of Work Assignment/SF Site Name				
			Base                      Option Period Number      5			Product support				
Contractor EASTERN RESEARCH GROUP, INC.					Specify Section and paragraph of Contract SOW					
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input checked="" type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval					Period of Performance  From 02/14/2014 To 08/13/2014					
Comments: The purpose of this amendment is to extend the POP end date to 8/13/14. No additional hours or funds are added to this Work Assignment.										
<input type="checkbox"/> Superfund                      Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations data use EPA Form 1900-69A.										
SFO (Max 2) <input type="checkbox"/>										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:                      Cost/Fee:                      LOE: 02/14/2009 To 08/13/2014										
This Action:  										
Total:										
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:                      Cost/Fee:                      LOE:										
Cumulative Approved:                      Cost/Fee:                      LOE:										
Work Assignment Manager Name    Stephanie Thornton  <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>							Branch/Mail Code: Phone Number    202-564-0269 FAX Number:			
Project Officer Name    Robin Danesi  <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>							Branch/Mail Code: Phone Number: 202-564-1846 FAX Number:			
Other Agency Official Name  <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>							Branch/Mail Code: Phone Number: FAX Number:			
Contracting Official Name    Robert A. Knecht  <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>							Branch/Mail Code: Phone Number: 513-487-2043 FAX Number:			

<b>EPA</b> United States Environmental Protection Agency Washington, DC 20460 <b>Work Assignment</b>						Work Assignment Number 5-12				
						<input type="checkbox"/> Other <input checked="" type="checkbox"/> Amendment Number: 000001				
Contract Number EP-C-09-008			Contract Period 02/14/2009 To 08/13/2014			Title of Work Assignment/SF Site Name				
			Base                      Option Period Number      5			Consumer marketing				
Contractor EASTERN RESEARCH GROUP, INC.					Specify Section and paragraph of Contract SOW					
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input checked="" type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval					Period of Performance  From 02/14/2014 To 08/13/2014					
Comments: The purpose of this amendment is to extend the POP end date to 8/13/14 and edit deliverable dates. No additional hours or funds are added to this Work Assignment.										
<input type="checkbox"/> Superfund                      Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations date use EPA Form 1900-69A.										
SFO (Max 2) <input type="checkbox"/>										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:			LOE:					
02/14/2009 To 08/13/2014										
This Action:										
Total:										
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:				Cost/Fee:			LOE:			
Cumulative Approved:				Cost/Fee:			LOE:			
Work Assignment Manager Name    Karen Wirth							Branch/Mail Code:			
_____ (Signature)                      (Date)							Phone Number    202-564-5246			
							FAX Number:			
Project Officer Name    Robin Danesi							Branch/Mail Code:			
_____ (Signature)                      (Date)							Phone Number: 202-564-1846			
							FAX Number:			
Other Agency Official Name							Branch/Mail Code:			
_____ (Signature)                      (Date)							Phone Number:			
							FAX Number:			
Contracting Official Name    Robert A. Knecht							Branch/Mail Code:			
_____ (Signature)                      (Date)							Phone Number: 513-487-2043			
							FAX Number:			

<b>EPA</b> United States Environmental Protection Agency Washington, DC 20460 <b>Work Assignment</b>						Work Assignment Number 5-12				
						<input type="checkbox"/> Other <input type="checkbox"/> Amendment Number:				
Contract Number EP-C-09-008			Contract Period   02/14/2009   To   06/15/2014 Base                      Option Period Number    5			Title of Work Assignment/SF Site Name WaterSense Consumer Marketing				
Contractor EASTERN RESEARCH GROUP, INC.					Specify Section and paragraph of Contract SOW 3.3					
Purpose: <input checked="" type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval						Period of Performance  From   02/14/2014   To   06/15/2014				
Comments: Work Assignment 5-12 is approved. No costs are to be incurred until 2/14/2014 (the start of the new Period of Performance).										
<input type="checkbox"/> Superfund                      Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
SFO (Max 2) <input type="checkbox"/> Note: To report additional accounting and appropriations data use EPA Form 1900-69A.										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:				LOE: 0				
02/14/2009 To 06/15/2014										
This Action:						2,210				
Total:						2,210				
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:				Cost/Fee:		LOE:				
Cumulative Approved:				Cost/Fee:		LOE:				
Work Assignment Manager Name   Karen Wirth						Branch/Mail Code:				
_____ (Signature)                      (Date)						Phone Number   202-564-5246				
						FAX Number:				
Project Officer Name   Robin Danesi						Branch/Mail Code:				
_____ (Signature)                      (Date)						Phone Number: 202-564-1846				
						FAX Number:				
Other Agency Official Name						Branch/Mail Code:				
_____ (Signature)                      (Date)						Phone Number:				
						FAX Number:				
Contracting Official Name   Robert A. Knecht						Branch/Mail Code:				
_____ (Signature)                      (Date)						Phone Number: 513-487-2043				
						FAX Number:				

<b>EPA</b> United States Environmental Protection Agency Washington, DC 20460 <b>Work Assignment</b>						Work Assignment Number 5-13				
						<input type="checkbox"/> Other <input type="checkbox"/> Amendment Number:				
Contract Number EP-C-09-008			Contract Period   02/14/2009   To   06/15/2014 Base                      Option Period Number       5			Title of Work Assignment/SF Site Name Outdoor and New Homes				
Contractor EASTERN RESEARCH GROUP, INC.					Specify Section and paragraph of Contract SOW 3.3					
Purpose: <input checked="" type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval						Period of Performance  From   02/15/2014   To   06/15/2014				
Comments: Work Assignment 5-13 is approved be no costs are to be incurred until 2/14/2014 (the start of the new Period of Performance) .										
<input type="checkbox"/> Superfund                      Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
SFO <input type="checkbox"/> Note: To report additional accounting and appropriations date use EPA Form 1900-69A. (Max 2)										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:				LOE:   0				
02/14/2009   To   06/15/2014										
This Action:						2,400				
Total:						2,400				
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:				Cost/Fee:		LOE:				
Cumulative Approved:				Cost/Fee:		LOE:				
Work Assignment Manager Name   Karen Fligger  <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>						Branch/Mail Code: Phone Number   202-564-2992 FAX Number:				
Project Officer Name   Robin Danesi  <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>						Branch/Mail Code: Phone Number: 202-564-1846 FAX Number:				
Other Agency Official Name  <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>						Branch/Mail Code: Phone Number: FAX Number:				
Contracting Official Name   Robert A. Knecht  <div style="display: flex; justify-content: space-between;"> <div>_____ (Signature)</div> <div>_____ (Date)</div> </div>						Branch/Mail Code: Phone Number: 513-487-2043 FAX Number:				

<b>EPA</b> United States Environmental Protection Agency Washington, DC 20460 <b>Work Assignment</b>						Work Assignment Number 5-13				
						<input type="checkbox"/> Other <input checked="" type="checkbox"/> Amendment Number: 000001				
Contract Number EP-C-09-008			Contract Period 02/14/2009 To 08/13/2014			Title of Work Assignment/SF Site Name				
			Base                      Option Period Number      5			New Homes and Outdoor				
Contractor EASTERN RESEARCH GROUP, INC.					Specify Section and paragraph of Contract SOW					
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input checked="" type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval					Period of Performance  From 02/15/2014 To 08/13/2014					
Comments: The purpose of this amendment is to extend the POP end date to 8/13/14. No additional hours or funds are added to this Work Assignment.										
<input type="checkbox"/> Superfund                      Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations date use EPA Form 1900-69A.										
SFO (Max 2) <input type="checkbox"/>										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:                      Cost/Fee:                      LOE: 02/14/2009 To 08/13/2014										
This Action:										
Total:										
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:                      Cost/Fee:                      LOE:										
Cumulative Approved:                      Cost/Fee:                      LOE:										
Work Assignment Manager Name    Karen Fligger  <div style="display: flex; justify-content: space-between;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>(Signature)</div> <div>(Date)</div> </div>							Branch/Mail Code: Phone Number    202-564-2992 FAX Number:			
Project Officer Name    Robin Danesi  <div style="display: flex; justify-content: space-between;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>(Signature)</div> <div>(Date)</div> </div>							Branch/Mail Code: Phone Number: 202-564-1846 FAX Number:			
Other Agency Official Name  <div style="display: flex; justify-content: space-between;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>(Signature)</div> <div>(Date)</div> </div>							Branch/Mail Code: Phone Number: FAX Number:			
Contracting Official Name    Robert A. Knecht  <div style="display: flex; justify-content: space-between;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>(Signature)</div> <div>(Date)</div> </div>							Branch/Mail Code: Phone Number: 513-487-2043 FAX Number:			